

10/565897

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓			
2		✓		✓		
3			✓			
4			✓			
5			✓			
6			✓			
7			✓			
8			✓			
9			✓			
10			✓			
11			✓			
12			✓			
13			✓			
14			✓			
15			✓			
16			✓			
17			✓			
18			✓			
19	✓		✓			
20	✓		✓			
21			✓			
22			✓			
23			✓			
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25			✓			
26			✓			
27			✓			
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34			✓			
35			✓			
36			✓			
37	✓		✓			
38			✓			
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41			✓			
42			✓			
43			✓			
44			✓			
45			✓			
46			✓			
47			✓			
48			✓			
49			✓			
50			✓			
TOTAL IND.			5			
TOTAL DEP.		40				
TOTAL CLAIMS		45				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						